

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/02/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445491	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  02/24/2010
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NAME OF PROVIDER OR SUPPLIER  MCKENDREE VILLAGE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4347 LEBANON ROAD HERMITAGE, TN 37076
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F 000 INITIAL COMMENTS

During the annual recertification survey conducted February 22, 2010, through February 24, 2010, Complaints #22270, #23541, #23953, and #24541 were investigated. No deficiencies were cited in relation to Complaints #22270, #24541 and #23953 under 42 CFR PART 482.13, Requirements for Long Term Care.

F 157 483.10(b)(11) NOTIFY OF CHANGES  
SS=D (INJURY/DECLINE/ROOM, ETC)

A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).

The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.

The facility must record and periodically update

F 000 The Plan of Correction is submitted as required under State and Federal law. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct.

F157  
Closed chart Patient #24  
Discharged on 6/4/09

The DON has reviewed 100% of patient charts with blood glucose levels for compliance. All charts are being reviewed to assure that physicians orders are being followed relating to blood glucose levels.

The DON is in-servicing all licensed nurses relating to the insulin administration policy. Compliance with notification of physicians of patients blood glucose levels will be monitored by the DON through the QA process.

3/31/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	<p>Continued From page 1</p> <p>the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, facility policy review, and interview, the facility failed to notify the physician for abnormal blood glucose levels for one resident (#24) of twenty-six residents reviewed.</p> <p>The findings included:</p> <p>Resident #24 was admitted to the facility on April 22, 2009, with diagnoses including Chronic Obstructive Pulmonary Disease, Subdural Hematoma, Dementia, Depression, and Chronic Renal Insufficiency. Review of a physician's note dated May 18, 2009, revealed "Very demented, delusional often. DM (Diabetes Mellitus) ?new diagnosis. On Glucotrol XL; glucose 145 on lab (laboratory), start accu-checks (blood glucose monitoring).</p> <p>Review of the physician's Recapitulation Orders dated May 24, 2009, revealed "Sliding scale with Novolog Insulin 200 - 250 = 2 units; 251 - 300 = 4 units; 301 - 350 = 6 units; 351 - 400 = 8 units; greater than 400 = 10 units." Review of the Diabetic Monitoring Log for May 2009, revealed an entry dated May 20, 2009, at 4:00 p.m., of blood glucose of 418 but no documentation the physician was notified of the elevated abnormal result. Continued review of the medical record revealed an entry dated May 24, 2009 at 4:00 p.m., of blood glucose of 474 and an entry at 9:00 p.m., of blood glucose of 498 but no documentation the physician was notified of the</p>	F 157	<p>An audit will be utilized and overseen by the DON for three months. Based on the results of the audit additional in-service training will be overseen by the DON or as directed by the QA Committee.</p>	3/31/10

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F 157	Continued From page 2  elevated abnormal results recorded for 4:00 p.m. and 9:00 p.m.. Medical record review revealed an entry dated May 28, 2009, at 4:00 p.m., of blood glucose of 451, an entry dated May 29, 2009, at 11:00 a.m., of blood glucose of 437, and an entry dated May 30, 2009, at 9:00 p.m., of blood glucose of 595 but no documentation the physician was notified of the elevated abnormal blood glucose results.  Review of the facility policy entitled "Insulin Administration" revealed "Physician to be notified of blood sugars below 60 or above 400 unless there is a specific order addressing blood sugars outside these ranges directing otherwise."  Interview with the Director of Nursing (DON) on February 24, 2010, at 10:15 a.m., in the DON's office, confirmed there were six instances of abnormal blood glucose results and there was no documentation in the medical record to indicate the nurse informed the physician of the elevated abnormal results.	F 157			
F 281 SS=D	C/O # 23541 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to update the care plan for two residents (#15, # 16 ) for the	F 281	Residents #15 and #16 care plans were updated to reflect no needlesitcks or blood pressure checks in the arms of access.  The DON is revising the comprehensive care plan of all the patients. Care plan changes are being made as necessary by the Care Plan Team members.		

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F 281	<p>Continued From page 3</p> <p>protection of a dialysis access for twenty-six residents reviewed.</p> <p>The findings included:</p> <p>Resident #15 was admitted to the facility on February 1, 2010, with diagnoses including Generalized Weakness, Hypertension, End Stage Renal Disease, Cirrhosis, and Diabetes.</p> <p>Medical record review revealed the resident had a dialysis access (fistula) (access to use for dialysis) on the left arm, and received dialysis three days a week at an out patient clinic.</p> <p>Medical record review of the care plan updated February 16, 2010, revealed the care plan did not address the resident's dialysis access located on the resident's left arm or the practice which requires no needle sticks or blood pressures checks in the arm of the access. Interview with the Director of Nursing (DON) on February 23, 2010, at 3:30 p.m., in the north hallway, confirmed the care plan did not address the care of the access for dialysis.</p> <p>Resident #16 was admitted to the facility on February 19, 2010, with diagnoses including Diabetes, End Stage Renal Disease, Hypertension, and Diabetes.</p> <p>Medical record review revealed the resident had a dialysis access (fistula) on the left arm and received dialysis three days a week at an out patient clinic.</p> <p>Medical record review of the care plan dated February 22, 2010, revealed the care plan did not</p>	F 281	<p>This review will be conducted by March 31, 2010.</p> <p>The DON is coordinating in-services regarding the care plan process as it relates to patients receiving dialysis. The in-services will be completed by March 31, 2010.</p> <p>The compliance of residents care plans will be monitored by the DON through the QA process. Audits for care plans of residents with dialysis accesses will be overseen by the DON. Based upon the audits additional in-service training will be oversee by the DON as needed or as directed by the QA Committee. The audit then will continue as recommended by the QA Committee.</p>	3/31/10	

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F 281	Continued From page 4 address the resident's access located on the resident's left arm or the practice which requires no needle sticks or blood pressure checks in the arm of the access. Interview with the Director of Nursing on February 23, 2010, at 3:30 p.m., in the north hallway, confirmed the care plan did not address the care of the access for dialysis.	F 281			
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the	F 431	The expired medication was removed immediately when found.  The DON is overseeing the medications on medication carts for expirations. All medication carts were reviewed for expired medications as of February 22, 2010.  The DON is coordinating an in-service training regarding the policy of expired medications. The in-service will be completed by March 31, 2010 for all licensed nurses.  An audit measuring adherence to the policy will be monitored by the DON through the QA Committee. Based on the results of the audit, additional in-service training will be overseen by the DON as needed or directed by the QA Committee.		3/31/10

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F 431	Continued From page 5 quantity stored is minimal and a missing dose can be readily detected.  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the disposal of an expired medication from one of two medications carts.  The findings included:  Observation on February 23, 2010, at 11:20 a.m., of the A Medication Cart located in the 200 East Medication Room, revealed a one pint (473 ml) bottle of Guituss Syrup, approximately half-full, with a manufacture's expiration date of 10/2009 on the label of the bottle.  Interview with Licensed Practical Nurse (LPN) #1 and LPN #2 in the 200 East Medication Room on February 23, 2010, at 11:30 a.m., confirmed the Guituss Syrup in the A Medication Cart was expired and should have been removed from the cart and disposed of.	F 431			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections	F 441	All shower rooms have been disinfected and cleaned.  The DON is overseeing the shower rooms for cleanliness and disinfection as per policy.  The DON is coordinating an in-service training regarding the policy/procedures for disinfection and cleaning of shower rooms.		3/31/10

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F 441	<p>Continued From page 6</p> <p>in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, facility policy review, and interview, the facility failed to ensure a sanitary environment to help prevent the development and transmission of disease and infection for one of two ice machines and two of three shower rooms.</p> <p>The findings included:</p> <p>Observation on February 23, 2010, at 10:40 a.m., in the 200 East Nurse's Pantry, revealed</p>	F 441	<p>The in-service training will be conducted by March 31, 2010.</p> <p>An audit will be done to monitor adherence to the policy/procedure by the DON through the QA process. Based upon the audit additional in-service training may be needed. This will be overseen by the DON or as directed through the QA Committee.</p> <p>The DON is overseeing the appropriate retrieval of ice from the ice machine as per policy.</p> <p>The DON is coordinating an in-service training regarding the appropriate retrieval of ice from the ice machine. The in-service training will be conducted by March 31, 2010.</p> <p>An audit will be done to monitor the adherence to the standard for appropriate retrieval of ice from the ice machine by the DON through the QA process. Based upon the audit additional in-service training may be needed. This will be overseen by the DON or as directed through the QA Committee.</p>	3/31/10

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F 441	<p>Continued From page 7</p> <p>employee #1 took a Styrofoam cup from the counter beside the sink, placed it in the sink basin, then removed it from the sink basin, walked over to the ice machine and scooped through the ice twice using the same Styrofoam cup.</p> <p>Observation on February 23, 2010, at 11:00 a.m., revealed a dried dark brown substance on four of four walls in the 200 East shower room; a dark brown substance on the floor of the 200 East shower room; and a dried dark brown substance on the floor of the 200 North shower room.</p> <p>Review on February 23, 2010, of the policy and procedure dated 4/2003 for Ice Safety revealed "...Use a clean, sanitized container (ice bucket designed for this purpose is ideal) and ice scoop to transfer ice from an ice machine to other containers..."</p> <p>Review on February 23, 2010, of the policy and procedure for Shower Rooms revealed "...2. In the event of an accident occurring in the shower room requiring disinfecting and cleaning, the nurse aide will notify environmental services as soon as possible, with resident care, safety, and privacy taking precedence..."</p> <p>Interview with the Director of Nursing (DON) at the Nurse's Station on February 23, 2010, at 3:05 p.m., confirmed an ice scoop is to be used to transfer ice from the ice machine and Environmental Services should have been notified to clean the dried, dark- brown substance from the shower rooms.</p> <p>Interview with the Director of Environmental Services in the Conference Room on February</p>	F 441			

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F 441	Continued From page 8 24, 2010 at 10:20 a.m., confirmed "... was not notified of the condition of the shower rooms".	F 441			

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